



Southern Hampshire review of specialist vascular services: Report on patient and public engagement from March - June 2016

Contents

Section 1 – Introduction: NHS England South review of Southern Hampshire vascular services and proposals	Page 3
Section 2 – Public and stakeholder engagement activities	Page 5
Section 3 – Patient experiences and feedback	Page 8
Section 4 – Patient locality group feedback	Page 12
Section 5 – Emerging themes	Page 13
Section 6 – Evaluation	Page 15
Section 7 – Next steps	Page 16
Appendix 1 – National specifications	Page 17
Appendix 2 - Patient locality group meetings and	
community engagement events	Page 19
Appendix 3 - Presentation slides	Page 20
Appendix 4 – Engagement materials	Page 24
Appendix 5 – Media coverage, web and social media	Page 26

1 Proposed Southern Hampshire vascular services reconfiguration

Introduction

Doctors have developed proposals to create World Class Vascular services in Southern Hampshire following a review and recommendations by the Vascular Society of Great Britain and Ireland.

Health Overview and Scrutiny in Hampshire, Isle of Wight, Portsmouth and Southampton have agreed the proposed changes to vascular services across Southern Hampshire do not constitute major service change requiring full formal consultation. However, in line with best practice guidelines NHS England has undertaken engagement with patients, the public and stakeholders to:

- enable patients, the public and stakeholders to discuss proposals for the future of vascular services
- recruit participants to a patient reference group to ensure ongoing involvement in the design of future service

This report provides an overview and analysis of the patient and wider stakeholder engagement including events and feedback from surveys held between April and June 2016.

Executive Summary

Over 130 responses were received in either face to face meetings or as responses to the survey.

Of those who had experience of vascular services the overwhelming majority were happy with the support and care they had received to date.

When asked about the key priorities for the future vascular services participants thought that having the right level of expertise within the surgical team was the most important, followed closely by having access to a specialist team that operates a 24/7 rota. Being treated close to where I live was the least important.

In addition, when asked about travelling times patients who are already part of the Southampton network (Isle of Wight and Winchester) were prepared to travel further for treatment than patients from Gosport and Portsmouth.

Emerging themes from the engagement were:

- The impact on travel and transport
- Concerns about how the trusts in the network can work effectively together to ensure a joined up patient pathway, including discharge and appropriate appointment times for patients travelling further
- Greater awareness of the AAA screening programme

Patients can continue to be involved in addressing these concerns as part of the Patient Reference Group, which has gained six expressions of interest.

Background

1.1 Vascular services treat a range of conditions that affect the arteries - the blood vessels that supply oxygen to the body – and veins, from minor conditions such as varicose veins to more complex and emergency treatments. Complex and emergency cases such as damaged or ruptured arteries bypass surgery, major amputations or stroke prevention, require specialist surgery, and some specialist but less invasive treatments using CT and MRI technology.

In 2014/15, there were fewer than 600 patients in South East Hampshire that required complex vascular treatment, assessment and services. NHS England's aim is to achieve a world class high quality sustainable vascular service for patients in South East Hampshire that meets national standards of clinical best practice and retains a sustainable specialist workforce.

Reviews of the reconfiguration of vascular services in Southern Hampshire began in 2008 and there have been various reports and recommendations since that date.

1.2 The current service

Currently there are four hospitals providing vascular services across South East Hampshire:

- Queen Alexandra Hospital Portsmouth Hospital NHS Trust (PHT)
- Hampshire Hospitals NHS Foundation Trust in Winchester (HHFT)
- Southampton University NHS Foundation Trust (UHS)
- St Mary's Hospital, Isle of Wight NHS Trust (IOW)

Both Portsmouth and Southampton offer the full range of services whilst Winchester and St Marys patients are seen at out-patient clinics and receive simpler procedures. For major and more complex surgery they are referred to and treated at Southampton.

Following a review in 2015, the Vascular Society of Great Britain and Ireland (Vascular Society) found that the services currently available at UHS and PHT were not fully compliant with the society's guidelines for safe, high quality care for patients requiring vascular surgery and NHS England's specification for vascular services (see appendix 1).

1.3 The proposal

The Vascular Society recommended the development of a single Wessex vascular network for Southern Hampshire, by bringing services at PHT into the current network arrangement and concentrating emergency, major and more complex cases at UHS. The range of support services available would continue at PHT, HHFT and at IOW.

NHS England is proposing to create one network which will be based at UHS where all major and/or complex surgery will take place. UHS will have a refurbished ward with extra beds, additional vascular nurse specialists to care for patients, as well as a new hybrid operating theatre that can offer vascular surgery and interventional radiology in parallel.

1.4 Engaging with patients, carers and key stakeholders

Since the Vascular Society review, NHS England has engaged extensively with patients, carers and relatives, patient group representatives, councillors, key charities and support

organisations to understand and answer any issues and concerns raised about the proposed reconfiguration of services.

This report gives an analysis of patient engagement events attended, held and feedback from an online survey and print questionnaire available for people to complete throughout May 2015. The events enabled patients to discuss the proposals, raise any concerns and help shape future services.

South, Central and West Commissioning Support Unit was commissioned to organise and facilitate public listening events and collate local people's views.

2 Public and stakeholder engagement activities

2.1 Public engagement approach

NHS England worked with communications leads from CCGs, the four NHS Trusts and Healthwatch to agree and implement a communications and engagement plan that was as far reaching as possible.

To ensure that patients, carers and relatives were aware of the proposals and to listen to their experiences about how the services could be more responsive a number of key activities were undertaken between March – June 2016. These were:

- Face to face engagement at four patient locality groups and two CCG community engagement committees (see appendix 2)
- Holding five listening events in the six clinical commissioning group areas
- A video and presentation for the listening events (see appendix 3)
- Producing and distributing leaflets explaining the proposals which included a perforated questionnaire (see appendix 3
- Promoting the online version of the questionnaire, hosted on the NHS England's national Consultation Hub
- Contact with a wide range of stakeholders using existing communications channels available to the CCGs, NHS Trusts and Healthwatch. This included inviting key voluntary sector organisations to comment on the proposals:
 - Age UK
 - Diabetes UK
 - Gosport Older People's Forum
 - Stroke Association
- Media relations to promote the events and survey though print, radio and digital media (see appendix 4)
- Articles and content for use by partner organisations to promote the listening events and online survey via their websites, e-newsletters and social media

2.2 Aims and objectives

The aims of the events and questionnaire were to:

• Listen to the views of the public

- Answer questions
- Record any views that people may have
- Encourage people with experience of vascular services or an interest to sign up to a patient reference group.

2.3 Listening events

Five listening events took place during May 2016, West Hampshire, Portsmouth, Southampton, Fareham and Gosport, Isle of Wight and South Eastern Hampshire Clinical Commissioning Groups (CCGs).



Attendees at listening event held in Portsmouth

Participants had the opportunity to learn about the proposed changes, put questions to the specialist commissioners and share their experience of vascular services.

2.4 Patient locality groups

Between March – May 2016 representatives from NHS England South (Wessex) attended four patient locality groups, the South East Hampshire community engagement committee (CEC) and the Fareham and Gosport CEC. These were:

- St Mary's Hospital Isle of Wight
- South Eastern Hampshire Community Engagement Committee
- Gosport Locality Patient Group
- South of Butser Locality Patient Group, Cowplain
- Fareham and Gosport CEC
- Fareham Locality Patient Group

More details of the discussions at these meetings are at appendix 2.

2.5 Promotional printed materials

An eight-sided A4 leaflet was produced and shared across Southern Hampshire, which outlined the ambition to create world class vascular services via one network. In addition to outlining the proposals and explaining why things need to change, the leaflet clarified how services are currently delivered and the number of patients affected by vascular conditions in recent years. The final pages clearly highlighted the five drop-in engagement events being held by NHS England and a two-sided tear-off questionnaire.

As an alternative to completing the print version of the questionnaire, people were invited to fill in the questionnaire online at NHS England's Consultation Hub:

www.engage.england.nhs.uk



In total 4,140 leaflets, including the questionnaire, were distributed to:

- West Hampshire, Portsmouth, Southampton, Isle of Wight, Fareham and Gosport and South Eastern Hampshire CCGs
- The four NHS hospitals involved University Hospital Southampton, St Mary's Isle of Wight, Portsmouth and HHFT
- Healthwatch Southampton, Portsmouth and Hampshire
- 66 GP surgeries across Southern Hampshire
- Voluntary organisations including Southampton Voluntary Services, Action Hampshire, local Stroke Associations and Diabetes UK.
- MPs and local authorities (electronically).

362 A3 posters advertising the five listening events (see appendix 4) were also sent to:

- West Hampshire, Portsmouth, Fareham, Gosport and South Eastern Hampshire CCGs
- The four NHS hospitals involved University Hospital Southampton, St Mary's Isle of Wight, Portsmouth and HFFT
- Healthwatch Southampton, Portsmouth and Hampshire.



Have Your Say leaflets on display at Newport library, Isle of Wight

3.4 Media, digital and social media

Press releases encouraging people to attend the listening events were issued to the local media. Coverage was gained in the South Daily Echo, The News (Portsmouth), Island Echo (IOW), Hampshire Chronicle, Gosport Globe. Wave FM radio also ran the story via interviewing Liz Mearns Medical Director at NHS England South (Wessex).

Portsmouth, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups and the hospital trusts in Southampton, Portsmouth, on Isle of Wight and in Winchester also advertised the events on their organisations websites, twitter and Facebook pages. Invitations were also sent to 3,500 members of HHFT trust.

The events were also advertised on Eventbrite. The Eventbrite URLs were shared widely across Southern Hampshire via NHS England's South Twitter account; Trust websites, Facebook pages and Twitter accounts; Patient Voices South blog; and Healthwatch websites, Twitter and Facebook pages.

Media coverage, engagement materials and a vast array of screen grabs which illustrate the splash made online surrounding the events can be found in appendices 3 and 4.

3 Patient experience and feedback

3.1 Number of participants throughout public engagement:

Overall:

- 23 people attended the five listening events
- 63 people took part in the patient locality group presentation and subsequent discussions
- 18 people gave feedback via email or by phone
- 31 people filled in the questionnaire at the listening events/by post/via the online Consultation Hub.

3.2 Listening events and questionnaire feedback

Overall 23 people attended the five listening events held in Southampton, Gosport, Portsmouth, Winchester and Newport on the Isle of Wight, throughout May 2016.

Event attendees viewed a presentation setting out what the services consisted of, the national guidance by the vascular society, the challenges faced by services meeting this and the plans to extend the network of services and concentrate major/planned specialist surgery at one site, UHS (appendix 2).

The presentation was also accompanied by a short video featuring the Medical Director of NHS England South (Wessex), a vascular consultant from UHS and a patient from the Isle of Wight who spoke about his experience of travelling to UHS for surgery.

As would be expected, people raised some points for clarification around the potential changes, or asked about the next steps.

The below table provides a breakdown of the number of people attending each of the five listening events:

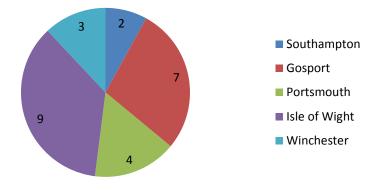


Figure 1: No. of attendees at listening events

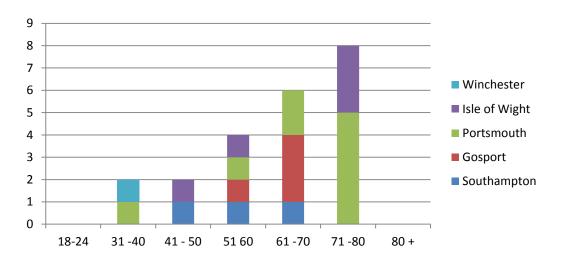
Although the number of attendees at the listening events was relatively low, a further 18 individuals who could not attend gave their views by phone or email. 31 people filled in the questionnaire online, at the event, or by post.

The majority of people were patients. Other attendees and respondents were family members, interested members of the public, staff, community and charity representatives, as well as some clinicians, local councillors and Healthwatch representatives.

The views of people who emailed, phoned or filled in the questionnaire are also included in this section.

3.3 Patients had used vascular services for AAA (abdominal aortic aneurysm) screening, surgery or treatment for AAA, surgery to unblock the neck artery or for an assessment by a vascular surgeon after a stroke. One person said they had had a minor amputation.

The majority of attendees at the listening events were over 40, with 14 of the attendees aged over 61.





There was a fairly even split between men and women attending the vascular listening events. Overall 90% of attendees and survey respondents who completed an evaluation form registered as white British, 4 per cent as white Irish or white other, four per cent as Asian or British Asian and one per cent as Black/African/ Caribbean.

In total 90% of attendees and survey respondents said they did not consider themselves to have a disability (under the definition within the Equality Act 2010). A further 10% described themselves as having a disability.

3.4 Patient experience of current services

The majority of discussions had at the listening events started by listening to a patient's personal experience of vascular services in Southern Hampshire. People also fed back their experiences via the questionnaires and email responses. Generally, the patients who had used the services were very complimentary about the skills of the doctors and the treatment they received from the staff. A selection of comments made include:

"I had major vascular surgery a few years ago. I had to be rushed into hospital at Portsmouth but they didn't have the facilities to treatment me and no bed space at Southampton. I was sent to the Royal Bournemouth where I received amazing care and I still return there for follow up care."

"I had great care at Portsmouth. The staff are really caring and I go there for my follow up appointments."

"The most important thing is that staff and doctors have the facilities they need to help you."

"I had surgery at Southampton because I live on the Isle of Wight. The staff were wonderful."

3.5 Participants were asked whether they were happy with the support they received as an inpatient, an outpatient, from their GP and whether they had information on how to manage their condition(s).

A few patients confirmed that they have used the diabetic footcare clinics, physiotherapy, speech and language therapy and the respiratory clinic.

Some attendees at the Isle of Wight event said they had problems getting timely appointments with their GP.

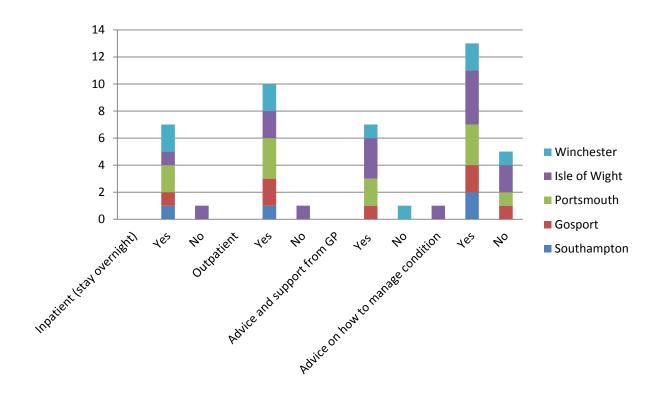


Figure 3: Levels of satisfaction with the services

3.6 Future services

People were asked what they thought the key priorities for future vascular services should be. Overall participants thought that having the right level of expertise within the surgical team was the most important, followed closely by having access to a specialist team that operates a 24/7 rota.

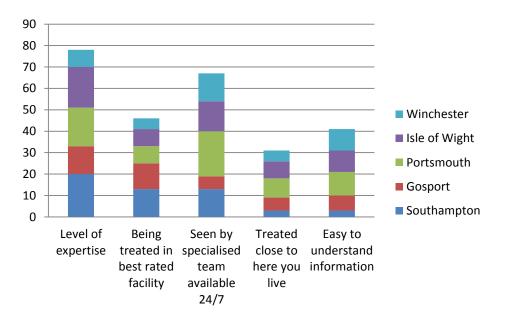


Figure 4: Key priorities people felt future vascular services should deliver

3.7 Travel and transport impact

Within the questionnaire respondents were asked about travel times if major and complex surgery moved from Portsmouth to Southampton. Perhaps not unsurprisingly patients from the Isle of Wight and Winchester – who already have to travel to UHS – did not mind making a trip over 1.5 hours. However patients in Portsmouth and Gosport felt that the maximum time they would be prepared to travel for was one hour.

4 Patient locality group feedback

4.1. At the invitation of Southern Hampshire's local NHS trusts and CCGs, representatives from NHS England South (Wessex) attended four patient locality groups and two community engagement committees (CEC) between March – May 2016. These were:

- St Mary's Hospital Isle of Wight (23 March)
- South Eastern Hampshire CEC (13 April)
- Gosport Locality Patient Group (21 April)
- South of Butser Locality Patient Group, Cowplain (5 May)
- Fareham and Gosport CEC (CEC) (16 May)
- Fareham Locality Patient Group (19 May)

In total 63 people engaged via these meetings.

4.2 Questions asked

Some of the key questions raised by patients and the wider public throughout engagement were:

- Are the proposals a done deal?
- Will other Isle of Wight services be affected?
- Are there examples of where a central hub and wider network services is already in operation?
- Will there be diagnostics at Portsmouth in the future i.e. scans?
- How many patients are coming over the border from Surrey/Sussex to Portsmouth?
- How are you going to ensure that patients with diabetes get the right services to avoid amputations?

Where possible, these questions were addressed at the time of asking. As and when required patients, members of the public or wider stakeholders were provided with further information or answers to any specific questions in a timely manner.

4.3 Issues identified

Participants were concerned that a careful piece of work would need to be undertaken to ensure that the new service model worked well together. A couple of comments included:

• 'Southampton and Portsmouth have not had a happy history of working together'.

• 'How different services interact is also important – multi-disciplinary teams work in hospital but not always once discharged'.

Other common issues identified were:

- Screening thought to be hit and miss where prevention could be improving outcomes
- Travel times for relatives visiting a patient in Southampton was brought up at three separate meetings
- Discharge process could work better particularly for patients on the Isle of Wight.

4.3 Priorities identified

- Patient safety, particularly for weekends and out-of-hours emergencies
- Having doctors with the right expertise and a team with the right number of staff
- Ensuring patients have the right information
- Increased positive outcomes for patients, particularly for diabetic patients and those at risk of amputations
- Rehabilitation and aftercare is as important as the initial treatment

5 Emerging themes from participants

The themes below emerged as the key issues from the listening events, questionnaires, phone and email feedback.

5.1 Travel and emergencies

Participants from Gosport and Portsmouth in particular asked questions about journey times to Southampton, what would happen to out-of-hours at Portsmouth and flagged concerns about emergencies. A selection of comments received:

'What happens to children's emergencies arriving at Portsmouth? A child might arrive with a broken arm which has caused vascular damage. That needs to be dealt with urgently if they are not going to be left with permanent damage.'

What happens if an ambulance is delayed or breaks down? What about congestion?" (Portsmouth resident)

"It's about a long round trip to from the bottom of Portsmouth to Southampton. Depending on traffic, it can take a long time".

"Gosport residents face a five hour trip to visit Southampton General".

"Traffic is really bad getting to Southampton. If there is a big crash on the M27 it's soon all comes to a standstill. I really worry that some patients won't make it."

5.2 Discharge and travelling to the Isle of Wight

People from the Isle of Wight highlighted that there are problems with discharge back to the island after a hospital stay in Southampton.

"I've heard of several patients who had a bad time being discharged back to the Isle of Wight. One lady was discharged with no money, she didn't have appropriate clothing. There was no travel organised for her – she was dropped at the ferry [in Southampton] with nothing organised to get her home on the other side."

"Patients are happy to go to the mainland but more though needs to go into how patients are helped home."

"Joined up travel to and from the Isle of Wight. No patient should be discharged without a correct plan to get home and follow up appointments being made."

5.3 Concerns about how the new model will work in practice and any impact on PHT.

"For this proposal to be safe for patients it will depend on UHS and PHT working together without loyalty to either hospital. It will depend on very good communication and very good infrastructure."

"I can see it makes sense to bring services together. It looks like we will get better facilities at Southampton. But won't that mean that those staff who remain for the majority of their time in Portsmouth will become the poor relative?"

"I hate to say it. I used to work in hospital administration. Hospitals really don't talk to each other very well. How is it all going to be linked up?"

"I feel like this move could be like Jenga - you remove the bottom pieces and it has unintended consequences."

"Why would you want to move services from Portsmouth? It's a downgrade for our hospital. Portsmouth is a PFI hospital so we've spent all that money only for services to be moved somewhere else."

"Very satisfied with treatment received by vascular team at Portsmouth. Please don't take it away."

"The proposal to use highly trained paramedics does not in my view negate the concerns."

5.4 Appropriate appointment times and parking at Southampton for those who have to travel.

"If we have an appointment in Southampton, please make appropriate appointment times for patients having to travel a distance." (Winchester resident)

"Early morning appointments are no good for islanders."

And a Southampton patient observed:

"I have concerns about more and more medical services being provided by Southampton General when it is already over developed. There are long delays in accessing the site."

5.5 More awareness of screening services

Prevention and the public health screening services were raised at several events, not everyone understood the process and who was targeted.

When told it was men over 65, several participants told us they hadn't received such a letter despite being the target group. Participants also asked who could request screening - if they had a family history or were susceptible due to diabetes, and whether women should screened.

6 Evaluation

6.1 Of the people who attended the five listening events, there were high levels of satisfaction with the: presentation, the level of information given and the amount of time allowed for questions and answers.

Below is a selection of attendees' comments:

"The amount of information conveyed was very interesting and helpful. What a shame more people did not attend."

'I learnt a lot and people took the time to answer my concerns.'

"I came because I was worried about what might be happening. Staff have spent a lot of time talking to me and it's answered a lot of my questions."

"I'm representing a local group of patients and it's been very useful to come to this meeting. Speaking to one of the surgeons was very reassuring to hear that they genuinely want to make sure that any changes works."

6.2 People who responded to the questionnaire, or by email and phone were generally satisfied that they had had an opportunity to comment. However there were a few criticisms, including:

"I have now been involved with these discussions for more than 3 years as patient rep for Portsmouth, and have seen no movement on decisions."

"A consultation period from 2nd to 19th May is so short it does not appear like a serious attempt to gather information. And hence I'd suspect that there is not a serious attempt to take patient and public views into account when making the decision."

7 Next steps

- 7.1 Vascular services is a specialist service used by fewer than 600 people a year in Southern Hampshire. The listening events were a useful way to capture patients, carers and other stakeholders' initial views on the current services, and to support the review which NHS England is undertaking.
- **7.2** At the listening events six patients and interested members of the public expressed an interest in continuing to work with NHS England as a member of the establishing Southern Hampshire vascular patient reference group. The group will help shape the future of vascular services by being involved in the design process. Another 20 participants asked to be kept informed of the process as it continues.
- **7.3** NHS England South (Wessex) is the contact for the review going forward and will work with the local clinical commissioning groups to ensure patients, carers and the public are kept up-to-date with developments.
- 7.4 NHS England (Wessex) will be attending the PHT governors meeting on 9 June, 2016, as part of the ongoing process to ensure key stakeholders are involved in shaping future plans.

Appendix 1

1. The National Specification

- **1.1** NHS England wants to work with local people, particularly patients and carers, the clinical commissioners and clinical specialists, to review what can, and should, be done to deliver a quality and sustainable vascular service for all Southern Hampshire patients and to ensure it complies with the national specification.
- **1.2** The national specification requires specialist vascular centres to:
 - Serve a minimum population of 800,000 to ensure all staff can treat enough different cases to maintain their competency and improve their skills;
 - Have the right mix of highly skilled and experienced staff who each carry out enough specific procedures to maintain and improve their skills
 - Have 24/7 on-site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of six vascular surgeons and six interventional radiologists, to ensure consistent high-quality care;
 - Provide access to cutting-edge technology, including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures;
 - Provide a dedicated vascular ward and nursing staff;
 - Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine, among other specialties, to provide a comprehensive multi-disciplinary service;
 - Be part of a wider clinical network which can provide oversight, governance and opportunities for innovative treatment for patients and development for staff.
- **1.3** In 2013, the specialist society representing vascular surgeons in England drew up a new specification for vascular services. It sets out what a specialist vascular service needs to provide and is based on evidence of the best outcomes for patients.
- 1.4 The society did this work because it wanted to see improvements in care given to patients and to ensure that the highest standard of care possible was available in England. At the time, death rates for aneurysm treatment in England were higher than in most similar countries around the world.

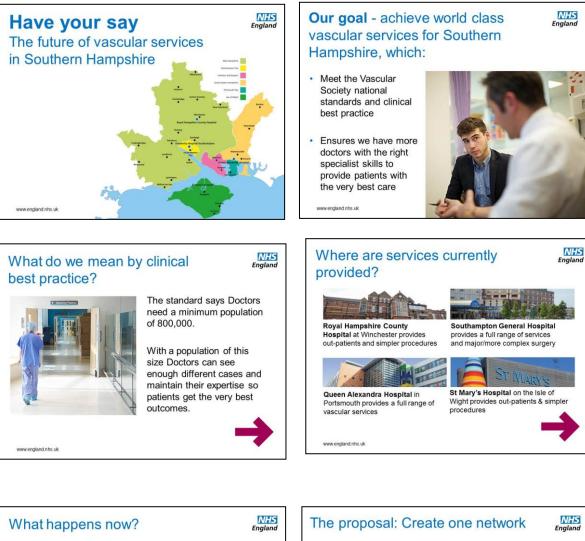
There have been similar initiatives on trauma and heart disease which have successfully reduced death and disability rates for those conditions and improved the care offered to patients.

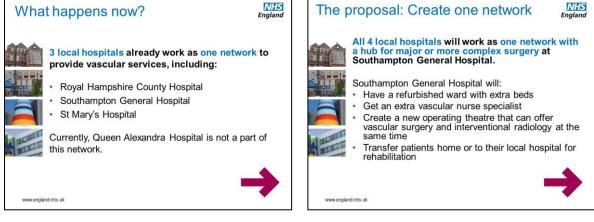
1.5 In 2015, specialist vascular services in Southern Hampshire are not fully compliant with the national specification. NHS England is carrying out a review with the local NHS services and commissioners to ensure they can reach the national standard, so people in Southern Hampshire have access to services of the right quality and standard.

Appendix 2 - Patient locality group meetings and community engagement events

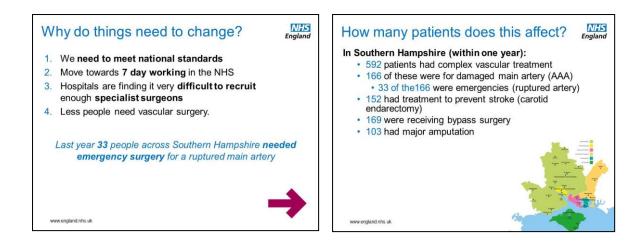
Date	Where	No of attendees	Minutes
23 March 2016	St Mary's Hospital Isle of Wight	9	IOW trust member meeting notes 23031
13 April 2016	South Eastern Hampshire Community Engagement Committee	9	SEH CEC minutes 13 April 2016.pdf
21 April 2016	Gosport Locality Patient Group	13	Minutes from the GLPG held on 21st Ap
5 May 2016	South of Butser Locality Patient Group, Cowplain	8	SoB LPG Meeting Minutes 5th May 2016
16 May 2016	Fareham and Gosport Community Engagement Committee	15	Fareham and Gosport Minutes CEC
19 May 2016	Fareham Locality Patient Group	9	Fareham LPG Minutes 19-05-16.pdf

Appendix 3 - Presentation shown at listening events





*Produced by South, Central and West CSU on behalf of NHS England



Why Southampton? England A hub for major or more complex surgery would be at Southampton General Hospital because it: • • Has a major trauma centre • • Is already established as a network for Winchester and Isle of Wight • • Covers a population of 900,000 •



NHS England "The best chance of survival, from a ruptured aortic aneurysm, is to be treated in a high volume specialist centre by a team of experts even if that means bypassing your local hospital."



Paul Blair, past President of the Vascular Society

NHS

NHS England

What will stay the same?

Patients will continue to be treated at their local hospital for:

- · Simpler procedures and minor surgery
- Diagnostic tests and treatments which do not need an overnight stay
- Rehabilitation following major surgery at Southampton General Hospital
- Support services such as foot-care (podiatry) for patients who have had minor surgery.

www.england.nhs.uk

www.england.nhs.uk



What about Portsmouth patients?

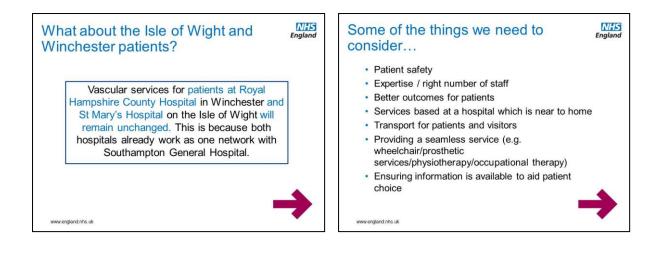
Patients from the Portsmouth area will still be seen at the Queen Alexandra Hospital for:

- Outpatient appointment or test (no hospital stay)
- Some simpler procedures, minor surgery minor amputations
- · Diagnostic tests and treatments

www.england.nhs.uk

Rehabilitation following major surgery at Southampton
Support services such as foot care (podiatry)

2-3 surgeons will be on site to support patients with diabetes, kidney problems , cancer and injuries





Appendix 4 – Engagement materials

i. Leaflet with questionnaire



Thank you for completing this questionnaire Your views will be taken into consideration and will help shape the final plan



	ire keen to hear from you, so that we can make any changes work in the best interest ints. We would like you to:	ts of
•	Share your current experiences of care	
:	Let us know how we can improve vascular services. What we should prioritise as we lock at services.	
	ning Events	
	re holding five events across Southern Hampshire where you can hear from vascular surgeons ind about the proposals and have your say.	and NHS
To bo	ok a place at one of these events please contact Sue Pratt, Communications Manager at NHS tal and West Commissioning Support Unit on 0117 900 2549, email: swcscomms@swcsu.n	South, hs.uk
	al free to drop in on the day.	
or fee	if free to drop in on the day isouthampton – Tuesday 10 May lime: 4.30 – 6.30pm	
or fee	il free to drop in on the day iouthampton – Tuesday 10 May	
	f the to drap in on the day isouthampton – Twesday 10 May fame 4.30 - 6.35m accelore. Novadi Scotlampton, 1 West Quay Road, Southampton, Hampshire, 5015 IRA. isosport – Weshneiday 11 May	
	s free to drop in on the day. iouthamption – Tuesday 10 May Imme 4:30 – 6:30pm occatione: Novotef Southampton, 1 West Quay Road, Southampton, Hampshire, SO15 18A.	
	If the to drag in on the day isouthampton – Teachy 10 May inter-130 – 630m Readow. Robolf Sonthampton, 1 West Quay Read, Southampton, Hampshin, 5015 IRA. Southampton, Vedeoschard 11 May southampton, Southampton, 11 May southampton, Southampton, Southampton, Southam	

day 19 May Winchester – Thur Time: 4.30 – 6.30pr Location: Winchest thy Lane. Winchester: Hampshire. 5023 7AB. r Hotel and Spa. W

Clinics ave questionnaires available at Vascular Clinics. You can complete then ent and drop the completed questionnaire off at the clinic reception.

Comment online via the NHS Consultation Hub: If you prefer, you can let us have your views online: w w.engage.england.nhs.uk



Why do we need to make changes? The number of people needing anengency surgery is notacing. Last year 21 people across Southern Hampshire needed emergency surgery for a naptured main artery.				
In 2015/16 across Southern Hampshire:	However, the specialist nature of these services means there is only a small pool of surgeons who			
 592 patients had complex vascular treatment 	means there is only a small pool of surgeons who provide them. Both Portumouth and Southamoton			
 166 of these were for damaged main artery (AAA) 	have had difficulty in recruiting enough staff to meet this standard. Over the next five years, hospitals will			
33 of the 166 were emergencies (ruptured artery)	move to seven day working, which will increase			
 152 had treatment to prevent stroke (carotid endarectorry) 	pressure on having enough qualified staff to cover rotas.			
 169 were receiving bypass surgery 	We need to ensure doctors see enough patients to			
103 had major amputation	maintain their expertise. This means hospital staff working together as one team - with one hospital providing all the ingatient surgery while other			
Why do fewer people need surgery?	providing all the inpatient surgery while other hospitals provide outpatient and diagnostic tests and			
 Less of us are smokers (80% of vascular patients are current or ex-smokers) 	in some cases day surgery. The standard says that a minimum population of 800,000 should be seen to			
 A screening programme for men detects damage to artery walls (AAA) so that a repair can be 	ensure doctors get to see enough different types of cases.			
made. The programme has reduced the number of deaths from AAA by 50%	This is the way that services currently work for patients seen on the Isle of Wight, at Southampton			
 Great strides in the development of less invasive treatments (using x-ray type, CT and MRI guided images) to navigate a tiny tube or scaffold known 	patients seen on the sile of weight, at southampton and at Winchester – serving a population of 900,000 people.			
as a stent into place to repair a damaged artery	How were these services developed?			
(endovascular aneurysm repair or EWAR)	We started reviewing services back in 2008 and			
Experts agree that services need to change	various reports and recommendations have been made since then, In 2015, the Vascular Society of Great Britain and Ireland carried out an independent neview and found that current services at University Hospital Southampton and Portsmouth Hospital Vo			
There is strong evidence that patients who continue o need vascular surgery will receive better quality are and have a better chance of survival when they				

Not fully compliant with the society's guide the NHS England national service specificat The Society recommended the creation of one East Hampshire network of vascular services. What changes do we want to make?

There will be more doctor skills to treat patients thro Wessex Vascular Network centre for vascular service Southern Hampshire.

The national stans should be 24-hou six vascular surger and stansialist out

Please tear along the perforated edge and return this to	a member of staff.
Are you a?	Have you (or someone you care for) been seen
Patient	as a patient for any of the following?
Carer	Screening for AAA (Abdominal Acrtic Aneurysm
Member of staff	Surgery or other treatment for AAA
Organisation representing patients	Surgery to unblock the main artery in the neck (Carotid Endarterectomy or CEA)
Please state at which organisation:	Assessment by a vascular surgeon following a stroke
What was your age at your last birthday?	Limb bypass surgery for poor blood supply to the feet or legs
	Limb amputation
Home town:	If yes to any of the above, have you also received care from other services? (Please tick all that apply)
Postcode:	Prosthetic limb
in the second seco	Wheelchair services
	Diabetic foot care
Which ethnic group do you belong to?	Physiotherapy
(Please tick one box only)	 Occupational therapy
White British	Speech and language therapy
White Irish or White Other	
Black/African/Caribbear/Black British	Were you happy with the following support?
Asian or Asian British	Inpatient (lieatment requiring an overright stay)
Multiple/Mixed Ethnic Groups	🗌 Yes 🔲 No
Prefer not to say Other (Please specify below)	Outpatient (Clinic appointment or test but do not need a hospital stay)
	🗌 Yes 🔲 No
Do you consider yourself to have a disability?	Advice and support from your GP
(The Equality Act 2010 states a person has a	Ves No
disability if they have a physical or mental impairment which has a long term (12 month period) or	
substantial adverse effects on their ability to carry out	Other support services
day to day activities.)	Yes (Please specify which below)
🗆 Yes	
No No	
Prefer not to say	Advice on how to manage your condition
	Ves No

ii. Banners for events



iii. Poster advertising events



iv. Examples of social media graphics and contents

Have your say on the future of vascular services in Southern Hampshire	Doctors and other specialists have worked together on plans to create a world class vascular service in Southern Hampshire. We want to hear what you think and hear about your experiences of care, so we can ensure future services work well for patients. Come along to our Listening Event on 10 May at Novotel, Southampton
	http://yoursaysouthampton.eventbrite.co.uk If you can't attend you can have your say online at www.engage.england.nhs.uk
When the plan to create a Messex Vascular Network with more doctors with the right skills for people across Southern Hampshire	Doctors and other specialists have worked together on plans to create a world class vascular service in Southern Hampshire. We want to hear what you think and hear about your experiences of care, so we can ensure future services work well for patients. Come along to our Listening Event at the Riverside Centre, Isle of Wight, 17 May <u>http://haveyoursayisleofwight.eventbrite.co.uk</u>

v. Sample press release

News release	You can find details of the listening event in Portsmouth above. It is aimed at anyone who has an interest in: stroke, care for diabetes, vascular surgery or amputations, blood clots or aneurysms – all of which may
Help shape Southern Hampshire vascular services	be dealt with by vascular services.
Portsmouth Vascular Services Listening Event	For more information, or to register your attendance, please contact Sue Pratt on 0117 900 2476 or email us at <u>avcacomms@avcsu.nhs.uk</u>
Date: Thursday 12 May	Alternatively, you can register your interest in attending at:
Time: 4.30 – 6.30pm	http://yoursaysouthampton.eventbrite.co.uk
Location: Dennis Sciama Building, University of Portsmouth, Burnaby Road, Portsmouth, PO1 3FX	NHS Consultation Hub
NHS England is reviewing vascular services for Southern Hampshire and is holding a "listening" event for	If you are unable to attend you can find more information about our plans, and let us have your view
local people, patients, carers and relatives who have an interest in vascular issues.	online, at: https://www.engage.england.nhs.uk/
Vascular services treat a range of conditions that affect the arteries - the blood vessels that supply oxygen	ENDS
to the body – from minor conditions such as varicose veins to more complex and emergency treatments. Treatment for complex and emergency cases include damaged or ruptured arteries, bypass surgery, major	
amputations or stroke prevention, require specialist surgery.	Notesto Editors
The event is an opportunity to hear from NHS England commissioners and local vascular surgeons about	Please contact Sue Pratt. Communications Manager on 0117 900 2476 or email: sue.oratt@swcsu.nhs.uk
our vision for the future of vascular services, following recommendations last year by the Vascular Society	Please contact Sue Pratt, communications wanager on 011/ 300 2476 or email: sue.pratt@swcsu.nns.uk
of Great Britain and Ireland (Vascular Society), to create a new network model of services.	Other events in Southern Hampshire
This is a drop in event, Staff will be on hand to discuss the proposals, listen to your concerns and answer	Listening events are also being held at:
any queries you may have.	
Constant Linderson and Server and Server	Southampton - Tuesday 10 May
Dr Liz Mearns, NHS England's Wessex Medical director, said:-	Time: 4.30 - 6.30pm
"In 2015, an expert clinical review by the Vascular Society concluded that change was needed at both	Location: Novotel Southampton, 1 West Quay Road, Southampton, SO15 1RA
Southampton University Hospital NHS Trust (UHS) and Portsmouth Hospital NHS Trust (PHT) to ensure	Register your interest in attending at: http://yoursaysouthampton.eventbrite.co.uk
safe, high quality vascular services and to meet the future requirement to provide seven day working	Gosport - Wednesday 11 May
across the NHS.	Time: 4.30 - 6.30pm
	Location: Gosport Community Association and Thorngate, Halls, Bury Road, Gosport, PO12 3PX
"Their report recommended the best way of securing resilient services would be the creation of one	
Wessex Vascular Network. Our doctors agree and together we have developed a plan which we believe will	Register your interest in attending at: http://haveyoursaygosport.eventbrite.co.uk
create a world class service in Southern Hampshire	Newport, Isle of Wight - Tuesday 17 May
"We believe that by concentrating emergency, major and more complex cases at UHS, with support	Time: 4.30 - 6.30pm
services available at PHT, St Mary's Hospital, Isle of Wight and Royal Hampshire County Hospital,	Location: Riverside Centre, The Quay, Newport, PO30 2QR
Winchester, will bring about major benefits for patients. In practice it will create a stronger network of	Register your interest in attending at: http://haveyoursavisleofwight.eventbrite.co.uk
vascular services across Southern Hampshire, ensuring that there are more doctors with the right specialist	
skills to treat patients.	Winchester - Thursday 19 May
	Time: 4.30 – 6.30pm
"We want to hear from patients, relatives, carers and the public so that we can make any changes work in the best interests for patients."	Location: Winchester Hotel and Spa, Worthy Lane, Winchester, SO23 7AB
the best interests for petients.	Register your interest in attending at: http://haveyoursaywinchester.eventbrite.co.uk
Do you use these services, or have you used these in the past?	
Together we are holding a series of listening events in Southampton, Portsmouth, Gosport, Winchester and	
the Isle of Wight in May 2016. We would like to hear from patients, their carers and relatives, or interested	

Appendix 5 - Highlights of media, web and social media coverage

The News – Portsmouth

Island Echo



Gosport Globe





Wave FM



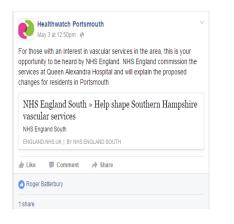
Portsmouth City Council Twitter



Southampton CCG Twitter



Portsmouth Healthwatch Facebook



Healthwatch Portsmouth twitter



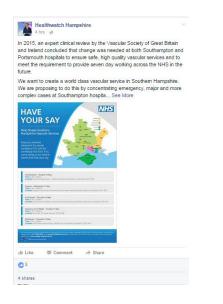
Healthwatch Pompey



NHS England



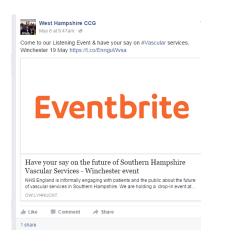
Hampshire Healthwatch twitter



Hampshire Healthwatch website



West Hampshire CCG Facebook



Hampshire Healthwatch Facebook



West Hampshire CCG twitter



University Hospital Southampton website

World class vascular services for southern Hampshire

In 2015, an expert clinical review by the Vascular Society of Great Britain and Ireland concluded that change was needed at both Southampton and Portsmouth hospitals to ensure safe, high quality vascular services and to meet the requirement to provide seven-day working across the NHS.

Their report recommended the best way of securing resilient services would be the creation of one Wessex Vascular Network. Our doctors agree. Together we have developed a plan which we believe will create a world class service in southern Hampshire.

We believe that by concentrating emergency, major and more complex cases at Southampton, with support services available at Portsmouth, Isle of Wight and Winchester, will bring about major benefits for patients. In practice, it will create a stronger network of vascular services across southern Hampshire, ensuring that there are more doctors with the right specialist skills to treat patients 24/7.

Downloads The future of southern Hampshire vascular services leaflet

University Hospital Southampton Facebook



Healthwatch Southampton

website



Fareham and Gosport CCG website



University Hospital Southampton twitter



Fareham and Gosport CCG Facebook

